Tickets	Provided	by
Agency	Report	

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

. Agency Name			Data Stanon	AGENCY REPOR	
County of Los Angeles		*****	Date Stamp	California 802	
Division, Department, or Region (if appli	cable)			For Official Use Only	
Los Angeles County Arts Commissio		Ì		**************************************	
Street Address	*)				
1055 Wilshire Boulevard, Suite 800		j			
Area Code/Phone Number E-mail					
(213) 202-5858 mgonzalez@arts.lacounty.gov			Amendment (Must explain in Part 5.)		
Agency Contact (name and title)			Date of Original Filing	*	
Miriam Gonzalez				(month, day, year)	
Event For Which Tickets Were D	istributed				
Date(s) of Event:719		nt. Concert			
	•		45		
	 Face Value of Tick 	et: \$			
Agency Event Yes No	(Identify source of ticke	ets below.)			
Name of Outside Source of Ticket(s) F	Provided to Agency: Th	ne Jazz Bakery			
_			777870044444		
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agency	: 🗵 Gratuitously	☐ Pursuant to Contrac	
Agency Official(s) Possiving Tie	1/cot(a) (1		
Agency Official(s) Receiving Tic					
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution			
	Of Hokets	Describ	e the rablic raipose	ioi the Distribution	
Ono, Emiko	2	Policy No 3.01	cy No 3.01 5.3b - Job duties of the County official		
		require his/her	r attendance at the	event.	
	West N				
Individual or Organization Recei	ving Ticket(s) (Provid	ded at the behest o	of an agency official.)		
Name of Behesting Agency Official:					
0 0 ,					
Name of Individual or Organization:		· · · · · · · · · · · · · · · · · · ·	Numi	per of Tickets:	
			Numi	per of Tickets:	
			Numi	per of Tickets:	
Description of Organization:			Numi	per of Tickets:	
Description of Organization:	The state of the s		Numi	per of Tickets:	
Description of Organization: Address of Organization: Number and Stree		City			
Description of Organization: Address of Organization: Number and Street		City			
Description of Organization: Address of Organization: Number and Stree		City			
Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the		City			
Purpose for Distribution: (Describe the Verification	ot public purpose for the dis	City stribution to the org	ganization.)	State Zip Code	
Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the Verification I have determined that the distribution of tie	public purpose for the dis	City stribution to the org	ganization.) the provisions of FPP	State Zip Code	
Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the Verification I have determined that the distribution of tie	ot public purpose for the dis	City stribution to the org	ganization.)	State Zip Code	